



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

BARBARA SIGAL MD  
3100 TIMMONS LANE SUITE 250  
HOUSTON TX 77027

#### **Respondent Name**

LIBERTY INSURANCE CORP

#### **Carrier's Austin Representative Box**

Box Number 01

#### **MFDR Tracking Number**

M4-11-0599-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "A claim was submitted to this company as well as a request for reconsideration and they still refused to pay the total amount due on this account."

**Amount in Dispute:** \$71.78

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary dated November 19, 2010:** "The charges for services on 7/29/10 have been reprocessed for an additional reimbursement of \$7.09 for payment at fee schedule per corrected bill submitted by the provider. The \$25 charge for electrodes has been denied as not separately reimbursable per Medicare guidelines."

**Response Submitted by:** Liberty Mutual Insurance, 2875 Browns Bridge Road, Gainesville, GA 30504

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 29, 2010	CPT code 99202	\$4.52	\$0.00
	CPT code 95863	\$9.44	\$0.00
	CPT code 95900 (X4)	\$14.76	\$0.00
	CPT code 95904 (X6)	\$18.06	\$0.00
	HCPCS code A4556	\$25.00	\$0.00
TOTAL		\$71.78	\$0.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated August 31, 2010

- D20, B291-This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed.

Explanation of benefits dated September 14, 2010

- D20, B291-This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed.

Explanation of benefits dated November 19, 2010

- D20, B291-This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed.
- 42, Z710-The charge for this procedure exceeds the fee schedule allowance.

### **Issues**

1. Is the requestor entitled to additional reimbursement for CPT code 99202?
2. Is the requestor entitled to additional reimbursement for CPT code 95863?
3. Is the requestor entitled to additional reimbursement for CPT code 95900?
4. Is the requestor entitled to additional reimbursement for CPT code 95904?
5. Is the requestor entitled to reimbursement for HCPCS code A4556?

### **Findings**

1. Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.  
(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.  
(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

The 2010 DWC conversion factor is \$54.32.

Review of Box 32 on the CMS-1500 the services were rendered in zip code 75247, which is located in Dallas County.

CPT code 99202 is defined as "Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family."

The MAR for CPT code 99202 in Dallas County is \$101.84. The respondent paid \$101.84; therefore, the requestor is due \$0.00.

2. CPT code 95863 is defined as "Needle electromyography; 3 extremities with or without related paraspinal areas."

The MAR for CPT code 95863 in Dallas County is \$218.12. The respondent paid \$218.12; therefore, the requestor is due \$0.00.

3. CPT code 95900 is defined as "Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study."

The MAR for CPT code 95900 in Dallas County is  $\$81.86 \times 4 = \$327.44$ . The respondent paid \$327.44; therefore, the requestor is due \$0.00.

4. CPT code 95904 is defined as "Nerve conduction, amplitude and latency/velocity study, each nerve; sensory."

The MAR for CPT code 95904 in Dallas County is  $\$72.04 \times 6 = \$432.24$ . The respondent paid \$432.24; therefore, the requestor is due \$0.00.

5. HCPCS code A4556 is defined as "Electrodes (e.g., apnea monitor), per pair."

The respondent denied reimbursement for HCPCS code A4556 based upon reason codes "D20, B291-This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed."

Per Medicare policy HCPCS code A4556 is a bundled code; therefore, reimbursement is not recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
5/31/2012  
Date

### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a *certificate of service demonstrating that the request has been sent to the other party.***

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**